

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030242

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED AUG 27 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

## 1. PLACE OF DEATH

a. COUNTY

CAPE GIRARDEAU

b. CITY (If outside corporate limits, give TOWNSHIP only)

CAPE GIRARDEAU

Length of stay in 1b

1 WEEK

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

CAPE OSTEOPATHIC HOSPITAL

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

COUNTY

SCOTT

c. CITY

ORAN

MISSOURI

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

ULMONT

RAY

HOWELL

## 4. DATE OF DEATH

Month

Day

Year

AUGUST

19

1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11-9-1896

## 9. AGE (last birthday)

65

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED FARMER

## 10b. KIND OF BUSINESS OR INDUSTRY

FARMING

## 11. BIRTHPLACE (City and state or country)

ORAN, MISSOURI

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

WILLIAM HOWELL

## 13b. MOTHER'S MAIDEN NAME

FRANCES E. DENNIS

## 14. NAME OF HUSBAND OR WIFE

RUTH HOWELL

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) NO

(If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

RUTH HOWELL, ORAN, MISSOURI

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Pulmonary edema, acute

## INTERVAL BETWEEN ONSET AND DEATH

5 days

## DUE TO (b)

Dehydration &amp; starvation, acute

10 days

## DUE TO (c)

Nasopharyngeal Carcinoma with Metastasis

6 mos.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

2-26-62

to 8-19-62

and last saw him alive on

8-18-62

Death occurred at

11:10

a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

H. H. Mehner, D.O.

## 22b. ADDRESS

243 W. Yoakum, Chaffee, Mo.

## 22c. DATE SIGNED

8/21/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

AUG 22, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

FRIEND

## 23d. LOCATION (City, town, or county)

ORAN

MISSOURI

## 24. FUNERAL DIRECTOR

EARL J. SMITH

## ADDRESS

ORAN, MISSOURI

## 25. DATE RECD. BY LOCAL REG.

8-25-1962

## 26. REGISTRAR'S SIGNATURE

Jesse Kaston

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Oren, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.